

DZAWADA'ENUXW FIRST NATION NOMINATION FORM

NOMINATION/SECOND DECLARATION

I swear and affirm that I am a registered Elector of the Dzawada'enuxw First Nation pursuant the *DZAWADA'ENUXW FIRST NATION ELECTION CODE 2011* at the address listed below AND WITH REGARD TO THIS ELECTION I make the following Nomination(s) and/or Second(s):

Name of Person		Nominated for Office
1.		CHAIR
2.		COUNCILLOR
3.		COUNCILLOR
4.		COUNCILLOR
5.		COUNCILLOR

Electors may use this form for either Nominating or Seconding.

THIS SECTION TO BE COMPLETED BY THE PERSON MAKING THE NOMINATION/SECOND DECLARATION.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Registry Number:

Phone Number:

Email:

Date:

Signature

A Nomination or Second may be made by *Nomination Form & Voter Declaration* (don't forget the Voter Declaration form - and attach it to your properly completed Nomination Form) properly completed and signed, and submitted to the Electoral Officer prior to the start of the Nomination Meeting or in person at the Nomination Meeting.

LAWRENCE LEWIS, ELECTORAL OFFICER

Ph/Txt: 250 889-1582 TF: 1-855-458-5888 Fax: 250 384-5416 Email: lewis.l@telus.net

PO Box 35008 Hillside, Victoria, British Columbia, V8T 5G2

WWW.DFN-ELECTIONS.CA

DZAWADA'ENUXW FIRST NATION ELECTOR DECLARATION FORM

YOU MUST COMPLETE THIS FORM IN ITS ENTIRETY – INCOMPLETE FORMS MAY NOT BE ACCEPTED.

ELECTOR DECLARATION

I solemnly declare that I am an eligible Elector of the Dzawada'enuxw First Nation pursuant the *DZAWADA'ENUXW FIRST NATION ELECTION CODE 2011*, at the address listed below and that I am at least 19 years of age.

Last Name:

First Name:

Middle Initial:

Date of Birth (dd/mm/yyyy):

Registry Number (Status No.):

Street Address:

City/Town:

Province:

Postal Code:

Phone Number:

Email:

X.

Date:

Elector Signature

WITNESS DECLARATION

I swear and affirm that I personally know and have witnessed the signature above.

Last Name:

First Name:

Middle Initial:

Street Address:

City/Town:

Province:

Postal Code:

Phone:

Email:

X.

Date:

Witness Signature

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